



SCHOOL DISTRICT NO. 48

Always Supporting Learners

◆ Valuing Individuals ◆ Fostering Pride ◆ Expanding Opportunities

STUDENT & INSTRUCTIONAL SERVICES

PERMISSION FOR RELEASE OF INFORMATION

As parent/guardian of _____
(Student Name)

whose birth date is _____

I hereby authorize School District No. 48 (Sea to Sky) to provide information to, or receive information from:

Name: _____

Address: _____

regarding my child named above for the following purpose:

Name of Sea to Sky School District person requesting information (if applicable):

(Signature of Parent/Legal Guardian)

(Date)